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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DIS1006 Attorney Docket Number DECLARATION FOR UTILITY OR** Louis C. Loyd Jr. **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration Submitted after Initial OR Submitted Group Art Unit

	with Initial Filing	(37 CFR 1.16 (e))	Examiner Name			フ				
•		required)	Lxamiller Name			<u>_</u>				
	As a below named inventor, I hereby declare that:									
	My residence, mailing address, and citizenship are as stated below next to my name.									
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	ADJUSTABLE FRAME WITH SEAT FOR A TRUCK BED									
		(Title of the	Invention)							
	the specification of which									
	is attached hereto									
	OR									
	was filed on (MM/DD/YYYY)		as United Sta	ites Application N	Number or PCT International					
			· ·		,					
	Application Number	and was am	ended on (MM/DD/YYY	~ [(if applicable)					
	Application Number	and was an	icitied on (wiwi/ob/111)	''	(ii applicable)	,-				
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or									
	PCT international filing date of the	continuation-in-part applic	ation.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
	realised (a)		(January 1111)		YES NO					
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	Additional foreign application	numbers are listed on a si	inniemental priority dat	a cheet PTO/SR/	INSER SITSCHED DETEIO.					

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

<u> </u>		er Number: 3	0245		OR	Corres	pondence address below
Name Anthony Edw. J Campbell							
Address							
PO Box 160370							
City				State			ZIP
Austin			TX	TX			78716-0370
Country Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST IN	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Louis C. Family Name or Surname Lyod Jr.							
Inventor's Signature Date Date Date Date						Date 29/04	
Residence City State Titusville FL		Country US	Country Citizer US US		nship (
Mailing Address 35 West Town Place							
City Titusville	State	FL	Z	ZIP 327	'80 .		Country US
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Andrew R				Family Name or Surname		Loyd	
Inventor's Signature Date 2/29					2/29/04		
Residence: City State		<i>'</i> '	Country		Citizenship		
Windermere FL		US US					
Mailing Address 9015 Tavolini Terrance							
City	State		ŽĪ	P		Count	ry
Windemere FL			34	34786 US			
Additional inventors or a legal re	presentative are bei	ng named on the	supplementa	al sheet	(s) PTO/SB/02	A or 02LR	attached hereto.

Approved for use through 11/30/2005. OMB 0651-0035

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Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:								
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OR L								
Practitioner(s) named below:	Practitioner(s) named below:							
Name	Registration Number							
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lam the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name Louis C. Loyd, Jr.								
Signature () () () () ()								
Date 5/29/04 Telephone 37 (-2-4-3) 48								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Total of forms are submitted.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:							
Practitioners associated with the Customer Number	er:	3024	45				
OR	L						
Practitioner(s) named below:							
Name		Registration Number					
		1, 10					
as my/our attorney(s) or agent(s) to prosecute the application	ation identified ab	oove, and to trans	sact all business ir	the United States Patent and			
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l am the:	-	Tax					
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Andréw R. Lyod							
Signature And John							
Date 2/89/09 Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of forms are submitted.							

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